PTOKENOS (D8-03)
Approved for use through 7/51/2008. CMB 0051-0032
demark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Humber		
Substitute for Form PTO-875 10/665 42/											./
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SWALL ENTITY		, COR	OTHER THAN SMALL ENTITY	
	FOR	HUM	HUMBER FILED		MAKBER EXTRA		RATE	FEE		RATE	FEE
MSCF 07 CFR						1		385	OR		
TOTAL CLAIMS 143			minus 20 • 1-2-3			1	v. 9 -	1033-10	110 c	-	
DIDEPE	NOENT CLAI			1 . //	i	•	× 043			× E	-
(17 CFR 1.15(b)) ALD) citrus 3 • 1 · 1 Y						Į,	X 6/2 -	131.W	OR	× •	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))							**		OR	+:	
" If the difference in column 1 is less than zèro, enter "O" in column 2.							TOTAL	2723.00	A	TOTAL	
CLAIMS AS AMENDED - PART II											
(Column 1) (Column 2) (Column 3)							644414		OR	OTHE	
	, ,	CLAIMS	T	HIGHEST			SMALL	EMINA	1 .	SMALL	ENTITY
AMENDMENT A	30/06	REMAINING AFTER AMENOMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
8 6	Total	. 14	Minus	" 143	• Ø		× 8e		CR.	× 8=	
	Cest Fathili pebeugaug	1	Minus	20	0		·X & =	7	OR.	×s.	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASS (D7 CFR 1.1600)							+5 _*	7	OR	+:	
							TOTAL			TOTAL .	
9/13/06 (Cotumn 1) (Cotumn 2) (Cotumn 3)							,ADD1 FEE]		OR	ADD'L FEE	
1	هادنا	(Cotumn 1)	1	(Column 2)	(Column 3)	1			1 1	•	
ENDMENT B	17/26	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL TEE		RATE	ADDI- TIONAL FEE
¥ 5	Total CPR 1.1003)	13	Minus	7 43	*Ø		x 8 •		OR	X3 •	
3 8	cirk tumpy	. 2	Minus	- 50	8		X8		OR	X 8 =	
FREST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.1869)							+8=		OR	+ 8	
							TOTAL	7		TOTAL	
							ADD'L FEE		OR	ADDL FEE	
		(Column 1)		(Column 2) HIGHEST	(Column 3)	1					
AMENDMENT C	2016	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Char r'astali Lotal	13	Minus	143	-0		×4		OR	X 8	
	epended CPR 1.180g	• /	Minus	70	·Ô		× 1		OR	×8	
₹ 📠	FRIST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (57 CFR 1,18M)						•:		OR		
							TOTAL ADO'L FEE		OK [TOTAL ADD'L FEE	
* If the entry in column 1 is tess than the entry in column 2, write "V" in column 3.											
" if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "30". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the Nichest number band in the approachte her in column 4.											
The	Tügnesi Ni.	STEDET Previously	Peid For (1	Total or Independe	rnt) is the higher	si n	umbar found in t	he appropried	box in col	hamm ¶	

The "Highest Number Proviously Peld For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to Sie (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Offices, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.